

PEOPLE TO PEOPLE MINISTRIES  
(PTPM)  
Client Financial Intake Form

**PERSONAL DATA**

HOH Name: _____ (Head of Household = HOH)	Today's Date: _____
Spouse/Other Name: _____	HOH Last 4 digits SS# _____
Street Address: _____	Spouse/Other Last 4 digits SS#: _____
PO Box: _____	Marital Status: <input type="checkbox"/> Married
City: _____ Zip: _____	<input type="checkbox"/> Divorced
Phone # : _____	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Single
	<input type="checkbox"/> Separated

What other Last Name did you go by? \_\_\_\_\_

Are you a Veteran:  Yes  No

What Year did you serve? \_\_\_\_\_ Birthdate: \_\_\_\_\_

Have you ever been assisted by PTPM?  Yes  No

When did you move into Wayne County? \_\_\_\_\_

Where did you move from? \_\_\_\_\_

Name(s) of **People/Organizations** referring you to PTPM?  
\_\_\_\_\_  
\_\_\_\_\_

What services were provided? \_\_\_\_\_

**OTHER Members in the Household? :**

NAME	RELATIONSHIP	BIRTHDATE	LAST 4 DIGITS SS#

**Present or Last** Place Employed:  

Name of Company Employed	Reason for Leaving	Date Last Worked

(PTPM)  
Client Financial Intake Form

**Gross Monthly Income (please give dollar amounts) (Will need verification)**

Employment Income	_____	Disability/Sick Pay	_____	C Support	_____
Unemployment	_____	General Relief	_____	Alimony	_____
Social Security (NOT your SS#)	_____	Workers Comp	_____	ADC	_____
SSI	_____	VA or Pension	_____	Other	_____

**Total Gross Monthly Income:** \$ \_\_\_\_\_ **Food Stamp Amount:** \$ \_\_\_\_\_  
(Before taxes, child support, ins, etc is taken out by employer)

**Are you on Medicaid? :** Yes or No **Are you on Medicare? :** Yes or No

**Do you have any RX coverage? :** Yes or No **Do you have Metropolitan or any other subsidized housing? :** Yes or No

**What is your Rent Subsidy Amount?:** \$ \_\_\_\_\_

**Please list "MONTHLY" Expenses that apply to your household:**

Rent Payment:	_____	Utilities	_____
Mortgage Payment:	_____	Fuel Oil/Propane:	_____
Home Insurance:	_____	Gas:	_____
Renters Insurance:	_____	Wood/Coal:	_____
Auto Insurance:	_____	Electricity:	_____
Health/Life Insurance:	_____	Water/Sewer:	_____
Car Payment:	_____	Baby Sitter:	_____
Yr/Model of Auto:	_____	Child Support:	_____
Car Payment:	_____	Add'l Food Cost:	_____
Loan Payment:	_____	Personal Products:	_____
Phone/Cell Payment:	_____	Doctor Bill Payment:	_____
Cable Tv Payment:	_____	Hospital Bill Payment:	_____
Gasoline:	_____	Monthly RX Payment:	_____
Any other expenses:	_____		

**Have you received any of these Emergency or Other Assistance programs in the PAST 12 MONTHS? :**

HEAP	<input type="checkbox"/>	Health Dept	<input type="checkbox"/>
Community Action	<input type="checkbox"/>	Well Baby/WIC	<input type="checkbox"/>
Salvation Army	<input type="checkbox"/>	Every Womens House	<input type="checkbox"/>
Veteran's Administration	<input type="checkbox"/>	Planned Parenthood	<input type="checkbox"/>
Churches	<input type="checkbox"/>	Crisis Pregonancy	<input type="checkbox"/>
Children Services	<input type="checkbox"/>	STEPS	<input type="checkbox"/>
Job Family Services	<input type="checkbox"/>	Beacon House/Pathway	<input type="checkbox"/>
Counseling Center	<input type="checkbox"/>	Crippled Children	<input type="checkbox"/>
Legal Aid	<input type="checkbox"/>	Metropolitan Housing	<input type="checkbox"/>
Wooster Interfaith	<input type="checkbox"/>	Startzman Free Clinic	<input type="checkbox"/>